



Office On Women
Domestic Violence Program
Volunteer Application

Personal:

Name _____

Address _____

City/State _____ Zip code _____

Phone (H) _____ (W) _____ (C) _____

Best time to call _____ E-mail: _____

Month and day of birth _____ Are you over 21 years of age? _____

How did you hear about our program? _____

Why are you interested in volunteering? _____

What motivates you to get involved with the ADVP? _____

Briefly state what you think would be your strengths and weaknesses in working with ADVP

Please list any special talents, skills or abilities that you would be willing to share with ADVP (writing, graphics, math, accounting, computer, other languages, teaching, signing, etc.):

Do you have any special needs? _____

Education:

High School: _____



College: _____

Other: _____

Employment:

Present Employer _____

Address _____

Your position _____ Work hours _____

Primary Duties/Responsibilities _____

Past Experience:

List any positions you have held that might contribute to your working in the Domestic Violence Program (DVP). Include salaried and volunteer positions. If you need more space, please attach additional pages.

1. Name and address of organization _____

_____ Position _____

Describe how knowledge gained from this position would be helpful for ADVP.

2. Name and address of organization _____

_____ Position _____

Describe how knowledge gained from this position would be helpful for ADVP.

References:

Please list two (2) references (not family related):

1. _____	_____	_____	_____
Name	Relationship	Home #	Work #

2. _____	_____	_____	_____
Name	Relationship	Home #	Work #



I hereby certify that the above information is true and subject to verification.

Applicant Signature _____ Date _____